

## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** September 29, 2003

**RE: MDR Tracking #:** M2-03-1432-01  
**IRO Certificate #:** 5242

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Orthopedic Surgeon physician reviewer who is board certified in Orthopedic Surgery and has ADL certification. The Orthopedic Surgeon physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### **Clinical History**

The claimant has a history of chronic shoulder pain, allegedly due to a compensable injury on \_\_\_.

### **Requested Service(s)**

Purchase of interferential muscle stimulator.

### **Decision**

I agree with the insurance carrier that the requested durable medical equipment is not medically necessary.

### **Rationale/Basis for Decision**

Generally long term use of stimulators is appropriate when there has been at least a two month trial to determine effectiveness and significantly increasing range of motion, decreasing use of pain medication, and increasing overall functional capacity. These parameters should be objectively measured before and after use during the trial. Furthermore, there should be an explanation as to why long term use is needed. Most pain syndromes diminish in over three to four months and long term use is neither cost-effective nor necessary. Upon review of all documentation available, there is no evidence of a clinical trial objectively documenting improvement. There is no clearly documented clinical rationale explaining why conventional physical therapy modalities would be any less effective than the purchase and use of an interferential muscle stimulator in this clinical setting.

**If disputing a spinal surgery prospective decision**, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

**If disputing other prospective medical necessity (preauthorization) decisions**, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk  
P.O. Box 17787  
Austin, Texas 78744  
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.